

## Adding an annotation as an independent prescriber to your registration

Use this form to apply to have an annotation as an independent prescriber added to your registration.

### Completing and submitting your application

You can complete this form electronically using Adobe Acrobat. Activate the 'Fill & Sign' functionality by clicking on the pen icon in the Adobe toolbar, so that you can complete the form using the text, checkbox and signature options. You can [find out more about using Fill & Sign on the Adobe website](#).

You can also print this form, fill it in by hand, and send us a PDF scanned copy.

Return your form to us by email, at [registers@pharmacyregulation.org](mailto:registers@pharmacyregulation.org).

**Important:** We will never ask you for original documents, and you should not send these to us as we will not be able to return any documents to you.

### Processing your application

We will assess your application within 28 days of receiving it. We will use the information you provide to verify that you have the knowledge and skills necessary to practise as an independent prescriber.

We will contact you using the details you have given us through myGPhC if we need any more information. You can find out more about what information we hold, how we look after it in [our privacy policy](#), which is available on the main GPhC website.

We will also contact your university to confirm that you have passed the course, so if we do not receive a prompt reply from them your application may be delayed.

### Paying the application fee

Once we have confirmed that we have all the information we need to process your application, we will contact you to request the £57 application fee.

You will receive an email from [shopper@worldpay.com](mailto:shopper@worldpay.com) containing instructions and a link to pay the application fee online. The email you will receive will look like this:

---

**From:** GPHC- PAY BY LINK <shopper@worldpay.com>  
**Sent:** Thursday, December 03, 2020 09:44  
**To:**  
**Subject:** TEST. Payment Request from GPHC- PAY BY LINK

General  
Pharmaceutical  
Council

We are requesting payment on behalf of the General Pharmaceutical Council, in relation to the application you have submitted to them. If you have any queries about this payment request, please contact the GPhC using the details below.

**Amount:** 57.00 GBP  
**Order Description:** Your name - Independent Prescriber application  
**Order Reference:** PBL- Your registration number

[Please click here to make this payment.](#)

Pay now

Thank you.

**Contact GENERAL PHARMACEUTICAL COUNCIL:**

Email: [registers@pharmacyregulation.org](mailto:registers@pharmacyregulation.org)

Telephone: 02037138000

**More information**

Visit the Worldpay website for FAQs about payments at: <http://www.worldpay.com/shopper>.  
Alternatively, for queries about your order, please contact GENERAL PHARMACEUTICAL COUNCIL using the details above.

The payment link in the email will be valid for 28 days. If you need any additional time to pay the fee, please email us at [registers@pharmacyregulation.org](mailto:registers@pharmacyregulation.org). Make sure you give your name, registration number and they type of application you have submitted so we can find and update your application promptly.

Once we have received your application fee payment, we will complete the processing of your application, and send you an email confirming that your application has been completed. If your application is successful, we will add the annotation to your register entry within 10 working days.

**Important:** You must wait until your register entry is updated with your annotation before practising as an independent prescriber.

## 1. Personal details

Tell us your personal details so that we can identify you.

1.1 Title    Mr     Mrs     Ms     Miss     Other

1.2 Surname(s)

1.3 First name

1.4 Middle name(s)

1.5 GPhC registration no

1.6 Date of birth

1.7 Home address

1.8 Postcode

## 2. Qualification details

Tell us about your qualification so we can verify that you have the knowledge and skills necessary to practise as an independent prescriber. We will verify this information with your course provider.

### 2.1 Course details

a) Name of course provider

b) Date awarded (DD MM YY)   
(this should be date of award on your prescribing certificate)

c) List the clinical specialties in which you will have prescribing responsibility

I have included a scan or photocopy of my prescribing certificate with my application

**2.2 Has it been more than six months since the date your prescribing certificate was awarded?**

Yes

No

If yes:

- give details below of a prescribing pharmacist to whom you could refer in cases of doubt or for professional reassurance (if you do not have a relationship with a prescribing pharmacist, another prescriber is acceptable)
- submit a letter from the prescriber, confirming that they would be willing to act as your mentor for one month
- make sure the person you chose is aware that we will keep their information as part of this application and may contact them to verify it

Prescriber mentor name

Registration number

Regulatory body  
(if not the GPhC)

I have included a letter from this prescriber, confirming that they are willing to act as a mentor

### 3. Declaration

**I declare that:**

- I am the person named in section 1 of this application, and am qualified to practise as an independent prescriber
- I request my entry in Part 1 of the register to be annotated as an independent prescriber
- I understand I may not prescribe until I am notified by the GPhC
- the information that I have provided in this form, and in my supporting documents, is complete, true and accurate
- I understand that if I am found to have given false or misleading information in connection with my application, this may be treated as misconduct, and could result in my removal from the register

Please either print this form and manually sign it below or add an electronic signature using Adobe Fill & Sign – see the instructions below

Signed

Date

--	--	--	--	--	--

### **Adding your signature using Adobe Fill & Sign**

Click on the 'sign' icon in the Fill & Sign toolbar and select 'Add signature'. You can add your signature in two ways:

1. Click on the 'Draw' icon and use your mouse to draw your signature (much as you would when accepting a package delivery)
2. Click on the 'Image' icon (first you will need to take a photograph of your signature and save it to your PC) and then select the image you have saved of your signature.

**Please note that we will not accept a typed signature.**